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Case study with Islamic Relief Worldwide as part of the UK-Aid funded 'Working effectively with faith leaders to challenge harmful traditional practices'

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**Case study with Islamic Relief Worldwide
as part of the UK Government-funded
'WORKING EFFECTIVELY WITH FAITH LEADERS TO
CHALLENGE HARMFUL TRADITIONAL PRACTICES'**

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**JOINT LEARNING INITIATIVE on
FAITH & LOCAL COMMUNITIES**

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List of abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
CoH	Channels of Hope
CoH G	Channels of Hope Gender
CoH CP	Channels of Hope Child Protection
CP	Child Protection
EFM	Early and Forced Marriage
FBO	Faith-based organisation
FGC	Female Genital Circumcision
FGD	Focus group discussion
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-based violence
HIV	Human Immuno-Deficiency Virus
HTP	Harmful Traditional Practice
IR	Islamic Relief
IRW	Islamic Relief Worldwide
KII	Key informant interviews
MNCH	Maternal and New-born Child Health
NGO	Non-governmental organisations
WV	World Vision

1. Introduction

In 2016, the UK Department for International Development released a call for proposals for a study entitled “Working effectively with faith leaders to challenge harmful traditional practices”. A Consortium of the *Joint Learning Initiative on Faith and Local Communities*, an international alliance examining the contribution of faith groups to community health and well-being, undertook this study to investigate best practices around engaging with faith leaders on harmful traditional practices (HTPs). This study is currently on-going and will continue until 2018.

The study itself follows a multi-case case study design, with each individual case study focusing on one of five organisations, four of whom are international faith-based organisations (FBOs), and their work on HTPs and with faith leaders. This document details the findings from the case study done with Islamic Relief Worldwide (IRW).

2. Background

Islamic Relief Worldwide (IRW) is an independent humanitarian and development organisation, working for more than three decades in over 40 countries. Identifying itself as a “faith-inspired” organisation aligned with Islam, the organisation has primarily been engaged in humanitarian relief, assisting those in need regardless of race, political affiliation, gender or religion.¹ Due to this emergency-oriented approach and the nature of their funding, IRW’s engagement in communities has predominantly been short-term, driven by particular disasters or needs. However, IRW is now making strategic changes to enable longer-term engagement in communities.²

In conducting this case study, a number of Islamic Relief (IR) staff members were interviewed. These included staff from IRW headquarters, as well as programme and project officers in specific countries. These five women and three men included:

- one advocacy and policy specialist from IRW headquarters
- one programme specialist from IRW headquarters
- one project manager from IR Ethiopia
- one programme coordinator from IR Bangladesh
- one programme officer from IR Kenya
- one senior programme coordinator from IR Indonesia
- one programme coordinator from IR Niger
- one programme officer from IR Niger

These participants were selected in consultation with the IRW representative assigned to represent IRW in the JLI Consortium conducting the study on faith leaders and harmful traditional practices. All the participants are or were involved in policy, projects and/or programming that directly or indirectly addresses harmful traditional practices (HTPs), engage directly with faith leaders, or both. It should be noted that, at this stage in time, IRW has only completed one pilot project that perfectly fits the parameters of this study (as it directly engages faith leaders – amongst others – in addressing various harmful practices within the target communities). However, other programming and projects have indirectly been addressing HTPs, and/or worked with faith leaders. The projects and programming focused on as part of this case study included:

- *Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia*, a one-year pilot programme conducted in Ethiopia in 2016-2017. This pilot project focused

¹ <http://www.islamic-relief.org/about-us/> Accessed 31 July 2017.

² Mabab, June 22, 2017. Pseudonyms are used throughout the report when referring to interview participants.

on engaging faith leaders around several HTPs, including female genital mutilation/cutting (FGM/C), early and forced marriage (EFM)³, widow inheritance, and other contentious issues within the community.

- *Orphan Sponsorship* programming in Bangladesh and Indonesia. Orphan Sponsorship is a standard part of IRW programming. In Bangladesh and Indonesia, the issue of EFM complicates the implementation of orphan sponsorship, as will be discussed later. Furthermore, IR Bangladesh has conducted research on EFM and IR Indonesia has conducted research on FGM/C, particularly as it relates to religion and faith leaders.
- In Kenya the *Forum Syd Gender/Environment* project engages with, amongst others, faith leaders on HTPs including FGM/C and EFM, as well as other social issues.
- IR Niger was part of a three-country pilot project, *Integrated Approach to GBV and CP in Humanitarian Action in Mali, Niger and Pakistan*. This project integrated the gender-based violence (GBV) and child protection (CP) work of IR, and addressed (amongst other things) FGM/C and EFM.

In addition to interviews with the aforementioned staff, relevant IRW documentation was reviewed. This not only allowed for a better understanding of policy, programming, research and projects discussed by the participants, but also for reflection on research and programming conducted in settings and programmes other than the ones focused on directly.⁴ The documentation included policy briefs, presentations, research reports, progress reports, and project proposals.

3. The existing evidence base

IRW's standard procedure expects staff to track programme and project activities and conduct internal evaluation of their impact. Aside from these monitoring and evaluation activities, the organisation also sporadically conducts country and issue-specific research projects. These are managed internally, by IRW staff. This case study relied on the documentation provided by a number of projects' monitoring and evaluation activities, as well as on stand-alone research projects. The latter has been particularly helpful in providing an HTP-specific focus on EFM and FGM/C:

- *An internal study on EFM and Orphan Sponsorship (OS) in Bangladesh*⁵
This study, conducted in 2016 by an IRW team, was done in order to improve its OS programming, to inform IRW's approach and practices to ending EFM, and to better understand the potential role of OS in delaying the age of marriage. The study used mixed methods, with a household survey conducted with child guardians of both children enrolled in the OS Programme and of children not enrolled in it (200 participants in total). Furthermore, focus groups and key informant interviews with relevant stakeholders, as well as twelve in-depth case studies with children who entered an early or forced marriage despite being part of IRW's OS Programme, were done. Specifically regarding EFM and OS, the study found that lower-income households are more susceptible to EFM. Only 15% of the children who used to be part of the OS Programming prior to an EFM, returned to school after their marriage. Three major reasons for delaying marriage were identified, namely the need to continue education, the inability to manage the cost of a wedding and marriage, and the need to continue receiving OS support (which ends if a child gets married).

³ IRW uses the term 'early and forced marriage', rather than 'child and early marriage'.

⁴ This included India, Sudan Yemen, Indonesia, Pakistan, and Mali.

⁵ Moniruzzaman, Md., Islam, E., Parvez, M., Rahman, M.M., & Hossain, M. 2016. *Early and Forced Marriage and Orphan Sponsorship Study*. Internal research report, Islamic Relief Worldwide.

- *An internal study on FGM/C in Indonesia*⁶

The study was conducted in 2013 by a team from IRW, with the aim of gaining insight into the nature, scale, perceptions and drivers of FGM/C in the study areas. After a literature review, fieldwork was conducted in three regions of Indonesia where IRW is also present. Fieldwork consisted of interviews and focus groups with men, women, girls, cultural and religious leaders, women's groups, NGOs, researchers, and medical and non-medical practitioners. The fieldwork revealed that FGM/C in Indonesia remains complex and sensitive, and that the actual numbers of those who have undergone it is higher than the official numbers.

As explained in the previous section, IRW is only now in the process of developing and rolling out HTP-specific programming and faith-leader-specific programming, thus they have not completed any endline *evaluations* of such programming. Nevertheless, the progress reports and internal project reports of the following projects have proven helpful:

- The pilot project in Ethiopia (*Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia*) has not completed its final internal endline evaluation. However, progress reports have indicated that both faith leaders and community members have greatly benefitted and report a reduction in a number of harmful practices.
- The Kenyan *Forum Syd Gender/Environment* project is internally tracking project activities, and project participants number in the thousands.
- The three-country pilot project, *Integrated Approach to GBV and CP in Humanitarian Action in Mali, Niger and Pakistan*, has produced an endline project report⁷, documenting the key findings from Mali, Niger and Pakistan, which details a number of helpful learning points and recommendations for integrating GBV and CP work.

4. IRW's approach to faith leaders and HTPs

Within IRW, HTPs fall under their gender justice work. In 2013, IRW selected GBV as a leading theme within its global advocacy campaigns, so as to support the organisation's commitment to gender justice.⁸ Within IRW's 2015 gender justice policy, HTPs are identified as a form of GBV: "We also recognise that GBV is mainly but not only directed against females, and that GBV includes harmful traditional practices, sexual violence and human trafficking".⁹ Within its GBV campaign, the organisation has identified FGM/C and EFM as two of three main foci: "...Islamic Relief will seek to actualise its commitments to gender justice from Islamic perspectives through an advocacy campaign seeking to eradicate gender-based violence (GBV) in all its forms. This will include domestic violence, early and forced marriages, and FGM/C".¹⁰

⁶ Patel, R. & FitzGibbon, A. 2016. *Towards Understanding Female Genital Cutting in Indonesia: A field study of three communities*. Research report, Islamic Relief Worldwide.

⁷ Almugahed, N., Pertek, I.S., & Fida, N. 2017. *An integrated approach to gender-based violence and child protection: Key findings from Mali, Niger and Pakistan, 2016-2017*. Research report, Islamic Relief Worldwide.

⁸ IRW defines gender justice as "guided by an Islamic understanding it encapsulates both equity and equality. These terms, as complementary, emphasise both the equal value and importance of women, girls, men and boys to society, and the importance of equity in treatment of all people, regardless of their status. This should include equal opportunities and equitable access to resources and services according to gender needs, as well as recognition of all. IR recognises that only equitable treatment creates the conditions that allow for the attainment of equality in societal value. In IR areas of work this means ensuring equitable access, participation and protection according to people's needs, aspirations, capacities and vulnerabilities etc. It should reinforce protection of cohesive family, increase security and ensure the well-being of all its members." Pertek, I.S. 2017. *Gender Justice Policy*. External policy brief, Islamic Relief Worldwide.

⁹ Pertek, I.S. 2015. *Islamic Relief Gender Justice Policy*. External policy document, Islamic Relief Worldwide.

¹⁰ Pertek, I.S. 2015. *Islamic Relief Gender Justice Policy*. External policy document, Islamic Relief Worldwide.

IRW's commitment to addressing FGM/C and EFM has extended to it producing official policy briefings for each.¹¹ Both policy briefs state IRW's commitment to eradicating the practice. It is notable that a sizeable section of each policy brief engages on the religious aspects of the practice, refuting religious justifications for it and using the Qur'an and hadiths to support its eradication.¹²

One should note, though, that IRW's use of the term 'HTP' is relatively new and that it is mostly applied to its communication with and in the international development arena. The organisation prefers using specific terms (e.g. EFM or FGM/C) and try to avoid general terms such as HTPs. By using specific terms, it allows the organisation to be sensitive to the different contexts it works in. For example, in some settings it would use the term FGM/C, while in others it would use the term female genital cutting or circumcision (FGC).¹³

While the organisation itself has officially identified FGM/C and EFM as the key HTPs it is focusing on, other HTPs that require attention within the different country contexts were identified during the interviews. These included child labour, demon-possession (used in some local contexts to account for psycho-social disorder), giving away girls as a form of dispute resolution, marriage by kidnapping, and child-headed households.

IRW is relatively new to in-depth engagement with faith leaders. While the organisation has worked extensively with faith leaders in humanitarian contexts, such engagement has primarily been in the emergency response phase, where faith leaders are involved as community leaders with insider knowledge to assist with the deployment of IRW services (e.g. identifying needy families, distributing food, etc.). The organisation is now increasingly realising that faith leaders can be crucial partners in development work as well, and IRW are now working on methodologies and programmes to engage with them more widely and in greater depth. The *Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia* project described earlier is an example of such a new, IRW-designed project that focuses on and prioritises faith leader engagement, facilitating a process of information sharing as well as reflection: "That pilot project (*Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia*) is specifically focused on how we can engage religious leaders in fighting harmful traditional practices."¹⁴

Two participants explained that, in some contexts, engaging faith leaders can be challenging due to the global climate. What some research participants called the "current terrorism agenda"¹⁵ has meant that, in certain contexts, IRW has had to extensively screen faith leaders before being able to engage with them, so as to ensure that no Islamist radicals are included in their programming. One participant, reflecting on the work done by IRW in many different countries, argued that there are also contexts where the local faith leaders are not very influential, with religion being seen as too politicized or local faith leaders simply not being very involved in the community.¹⁶

¹¹ At the time of writing this report, the policy note on EFM was still in the process of being finalised. The research team was provided with a draft version of the policy.

¹² Lethome I. & FitzGibbon, A. 2016. One Cut Too Many – Policy Brief of Female Genital Mutilation. Internal and external policy brief, Islamic Relief Worldwide. <file:///C:/Users/eleroux/Downloads/pol2.pdf> Accessed 31 July 2017.

Pertek, I.S & Abdulaziz, S. tbc. A policy brief on early and forced marriage. Draft external policy brief, Islamic Relief Worldwide.

¹³ Ermina, June 8, 2017; Mabad, June 22, 2017.

¹⁴ Kanza, June 19, 2017.

¹⁵ Mabad, June 22, 2017.

¹⁶ Ermina, June 29, 2017.

5. The role of faith, faith communities and faith leaders in relation to HTPs

The religious beliefs supporting FGM/C and EFM tend to revolve around the sanctity of sexual purity and chastity, and controlling women's sexual desire and activity. With EFM, parents or guardians resort to EFM in order to prevent their children (male and female) from engaging in premarital sex, and in the case of young girls, also to protect them from rape and other forms of sexual violence (based on the assumption that they will not experience it if they are married). In the case of FGM/C, religious emphasis on the importance of women's virginity, chastity and fidelity supports FGM/C, since it is commonly believed that the practice will help curb a woman's sexual appetite.

However, both in interviews and IRW's documentation, religion is identified as a contributing factor to HTPs, rather than the causal one. In other words, while IRW has found that religion plays a role in the legitimization of HTPs, it is not the only or main reason why HTPs persist. Furthermore, in discussing FGM/C and EFM, IRW argues that the contributing role that religion plays in HTPs is due to the wrongful conflation of culture and religion. In other words, they argue that religious tenets supporting HTPs are actually cultural tenets that have been couched in religious terminology. IRW's policy brief on FGM/C illustrates their stance, explaining it as follows:

In many Muslim communities FGM/C is attributed, at least partly, to religion, with some holding the view that Islam requires FGM/C as an obligation. However FGM/C pre-dates Islam, it is not mentioned in the Qur'an and the Prophet Muhammad, peace be upon him, did not advocate for it. It is also a relatively unknown practice in large parts of the Muslim world.¹⁷

Arguably because of what they see as a confusion between, or conflation of, religion and culture, IRW emphasises (both in policy and in programming) the importance of debunking these religious motivations. Therefore, the organisation prioritises engaging with scripture around these issues, and facilitating conversations around how the Qur'an and hadiths should be interpreted:

Islamic Relief will mobilise local scholars, religious bodies and other influential agents – male and female - to publicly de-link FGM/C from Islam. Where appropriate, this may involve training programmes for imams and community leaders. Islamic Relief will also work with religious bodies, academic institutions and governments to conduct research that will provide greater insight into the practice, as well as help develop policy positions and fatwas that support its abandonment.¹⁸

The Ethiopian pilot project (*Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia*) is the setting in which IRW has tested this approach. Over the course of a year, community members¹⁹ were engaged in monthly discussion groups. Eight different issues were discussed, including FGM/C, EFM, widow inheritance, school attendance for girl children, and violence against women. Different types of 'experts' were present during these discussion groups, such as health professional and community workers, but also a respected faith leader from the particular community. Prior to the discussion groups being rolled out, these faith leaders were identified with the help of local community leaders. The selected faith leaders were then trained on

¹⁷ Lethome I. & FitzGibbon, A. 2016. One Cut Too Many – Policy Brief of Female Genital Mutilation. Internal and external policy brief, Islamic Relief Worldwide. <file:///C:/Users/eleroux/Downloads/pol2.pdf> Accessed 31 July 2017.

¹⁸ Lethome I. & FitzGibbon, A. 2016. One Cut Too Many – Policy Brief of Female Genital Mutilation. Internal and external policy brief, Islamic Relief Worldwide. <file:///C:/Users/eleroux/Downloads/pol2.pdf> Accessed 31 July 2017.

¹⁹ These were adult men and women from eight different communities. Each community formed two single-sex groups, averaging approximately 25 members.

the issues to be addressed during the discussion groups, and thus a trained faith leader was present at every discussion group. Furthermore, representatives of the different groups would meet every two months to discuss experiences within their groups. Higher-level faith leaders and/or scholars would be present at these general meetings, which were mostly focused on the religious dimensions of the issues being discussed in the smaller groups:

It's basically focusing on the topics discussed and from the religious perspective. So it is more of giving assurance that [these HTPs] has no root in the religion... [T]o affirm what they have discussed and what they have raised and the challenge they faced. How it is not religious, it has not [sic] religious root. So it was like having the opportunity to further better understanding: 'I'm going to give you a topic [opinion] from a scholar who has a better understanding from their service [experience]'.²⁰

At present this pilot project's endline evaluation report is still being finalised. But from progress reports and an interview with the project manager, it is clear that IRW sees having sensitised and trained faith leaders present was crucial to the community discussions, as debunking misconceptions around religion was a key part of every conversation:

So what we have seen is that in some of the areas [the community members] feel that this is a practice that is required by the religion and they cannot violate it. So this is where we used the religious leaders to explain that that is not part of the religion. It was not an easy job.²¹

6. Interlocutors

Interview participants identified four different groups of interlocutors who are best suited to lead conversations on HTPs within communities. Firstly, faith leaders were identified as important actors. Especially in certain settings, such as East and West Africa, IRW is trying to increase their engagement with faith leaders, simply because they have proven to be such effective interlocutors.²² They are trusted and influential within their communities, with the result that the information they share is more readily accepted by their communities:

So the role of the religious leaders here is to inform the community about... gender. Because in our society local religious leaders are very important and they're considered in the society, so it is better for the project to work directly, locally. We work with the religious leaders... [for then the community will] welcome the information.²³

IRW is keenly aware of the stature and positioning of faith leaders, as reflected in how faith leaders are often key entry points in their humanitarian work within communities. However, the issues raised when discussing HTPs are more controversial than, for example, working with faith leaders to disseminate clean water practices. Therefore, when starting work with faith leaders on HTPs, one possible way is to first 'map' all the different faith leaders, identifying those with a more moderate profile who could potentially be more receptive to messaging around HTPs. In working with such faith leaders first, developing them as champions, they can go on to be influential in working with other faith leaders in the community. On the other hand, it is also important to take into account whom community members respect and value as faith leaders. In Ethiopia, for example, a successful strategy has been to have local faith leaders work with community members on HTPs, since community members trust the faith leaders that they know. There can be exceptions:

²⁰ Kanza, June 19, 2017.

²¹ Kanza, June 19, 2017.

²² Ermina, June 8, 2017.

²³ Tahira, June 29, 2017.

[In one] village what we have faced... even though we have a religious leader from their own community, when we having the conversation on FGM, the point they raised is that 'we want another sheikh'. They mentioned the name of that sheikh and they said 'unless that sheikh comes and talks to us on this issue, we won't buy the idea this sheikh is giving us'. So they felt that that [this] sheikh is just bribed by Islamic Relief to tell them that... Fortunately the sheikh they mentioned is also working with us, is also part of this team, and we had a discussion with him and... they held a large community gathering on that day, and he explained everything and it was actually a turning moment for that community.²⁴

A particular grouping of faith leaders, namely Islamic scholars, are other potentially influential interlocutors. These are experts on the Qur'an and hadiths who are not necessarily living in the community, but whose opinions are trusted and respected as they are theological experts. As explained earlier, Islam has a tradition of theological discussion and dispute. Those who are considered learned and expert in theological engagement and interpretation can therefore be very influential in changing community members, but also faith leaders', opinions about HTPs. In engaging with local faith leaders, such scholars can be crucial to not only convincing local faith leaders to oppose a particular HTP, but to convince them to do so publicly.

Interview participants have also identified women as being important community-level interlocutors. As the ones most directly affected by the majority of HTPs, they are best able to speak about these practices and their impact. While there are less female faith leaders than male ones, and while some of the research participants felt that women faith leaders is less common in rural settings, they would nevertheless be the ideal interlocutors.²⁵ With FGM/C, the ignorance of male faith leaders can be such a limitation that one interview participant strongly advises that work should begin with women from the community, preferably female leaders, who will then sensitise their own faith leaders:

The first person, or the best people actually, I think of are the women, the women leaders because I saw that they... the faith leaders are actually listening to the women... So even basically by the time you are approaching a faith leader, the basic fact is that it is a man and these are really deeply rooted practices. They are like really deeply rooted and instead of approaching the faith leader directly who is a man, I would rather go through the women. So that she can speak from her perspective... So when you go through a woman who can actually approach the faith leader to assist in this advocacy and all these issues, it makes more sense than when you go to a faith leader to approach the women.²⁶

Thirdly, the role of health experts should not be forgotten. As discussed earlier, with FGM/C an important part of intervention is communicating the facts about the practice and its consequences. Health experts speak authoritatively in such settings. The fourth group of interlocutors are a different form of 'expert', namely those who have experienced and survived the particular HTP. Such individuals, IRW has found, are powerful and persuasive interlocutors:

We had a woman who shared her experience of FGM, how she stopped... [S]he did FGM to her own daughter and she had an infection [and the resultant complications has left her daughter with medical problems to this day]. And this woman was a life testimony for us to tell the community that this is [a practice that must stop].²⁷

²⁴ Kanza, June 19, 2017.

²⁵ Aazim, June 22, 2017.

²⁶ Magda, June 20, 2017.

²⁷ Kanza, June 19, 2017.

7. Safe spaces for discussing HTPs

Arguably the most crucial element in creating safe spaces for discussing HTPs is a single-sex environment. In mixed groups, men tend to dominate conversations and women tend not to offer their opinions. Having a facilitator who is the same sex as the participants (in other words, a man leading a male group and a woman leading a female group) has also proven to be very helpful in encouraging participants to open up and participate:

After doing that [having single-sex groups] you felt that the women speak out a lot, like you learn a lot. And then I tried... when I have women sessions, [to] go with a woman facilitator. And although you find most of the officers [that can facilitate the groups] are men, but the few ladies that I got, I was lucky and it helped a lot because they open up lady to lady, and then when we have the men [sic] sessions they actually go with the men so it helps a lot and they open up so much... [I]t's really important. It creates a really safe space where they can talk. Especially the women, they never used to talk at all. I used to wonder what was wrong... Even when I go to schools, like if it is a mixed school, I try to separate the boys and the girls. But when I go to like a girls' [sic] school only, I go with a female facilitator and the girls really relate to the lady. When I used to go with that gentleman facilitator he just starts there and talks and leaves and the girls don't say anything, but when you go with a lady they actually enjoy the sessions.²⁸

In order for a discussion on HTPs to be a safe space where people actually participate openly and honestly, the nature of the facilitation of the group is vital. The person leading the group must be a facilitator, not a teacher. While there is room and a need for sharing facts (e.g. the different forms and medical sequelae of FGM/C), the key is to encourage open dialogue. The facilitator must be patient and sensitive, and try not to force his/her opinion onto the participants. It is also important to avoid unrealistic expectations, that participants must change their beliefs and behaviour in the course of just one session for it to be considered a success. In the Ethiopian pilot project (*Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia*), the issue of FGM/C was repeatedly brought up throughout the year by participants, and discussed time and again:

Issues likes for example FGM, it was worked on very thoroughly, it kept on being raised, as in during conversation times as well. So after a very long discussion and the involvement of the religious leaders, [the communities targeted by the intervention] have now stopped [certain forms of FGM/C]... That was a progress in that area.²⁹

Having these discussions in private spaces is highly beneficial. In the Ethiopian pilot project (*Combating GBV of women and girls in Dekasuftu Woreda Somari Regional State of Ethiopia*), the discussion sessions happened under a tree. This was challenging as other community members saw the group talking animatedly, became curious, and joined them. While this was an effective way of attracting more community members to the conversation, newcomers would sometimes disturb the group with unnecessary or inappropriate comments or questions, since they had missed part of the session.³⁰

Inevitably, on such controversial subjects, conversations can become heated. Such situations also require careful handling by facilitators, especially if it is a group of faith leaders who are used to speaking as the voice of authority. In Kenya, as part of the *Forum Syd Gender/Environment* project, the facilitators followed up on contentious sessions by personally visiting those involved, for further

²⁸ Magda, June 20, 2017.

²⁹ Kanza, June 19, 2017.

³⁰ Kanza, June 19, 2017.

one-on-one discussions. This has proved an effective way of ‘parking’ issues that threaten the safe space within the group discussion, without dismissing the questions being raised by participants.³¹

8. Approaches

One can identify five key approaches in IRW’s engagement with faith leaders on HTPs. The first of these is that they prioritise faith leader engagement as one of their strategic gender programming goals. This is not only at policy level; country staff are committed and excited about engaging more directly with faith leaders.

Secondly, IRW prioritises theological engagement with HTPs. As discussed earlier, both policy briefs (on EFM and FGM/C) illustrate this, where considerable sections are devoted to unpacking the Qur’an and hadiths supporting the abolition these practices. Where they have programming directly or indirectly addressing FGM/C and/or EFM, project officers emphasise the importance of making religious arguments against these practices.

Yet making theological arguments is not enough. A central part of IRW’s approach to FGM/C and EFM is focused on ensuring that faith leaders know the public health facts about FGM/C and EFM. IRW has found that faith leader support for such practices, or their unwillingness to oppose it, is often due to a fundamental ignorance or misunderstanding of the practice itself and/or its consequences. FGM/C is a good example. As the majority of Muslim faith leaders being male, and FGM/C is considered a ‘women’s issue’, they usually have very little understanding of what happens during FGM/C or of its consequences. A public health approach, which explains in simple terms the nature of the procedure and its potential side-effects, is in many settings enough for a faith leader to start opposing the practice:

So as you go further up [the faith leadership hierarchy]... I found [it] extraordinary that when we engage with scholars on these things like FGM/C they say, ‘Oh well, if you discovered it’s harmful to health it should be stopped’... [It] doesn’t take very long to get to that stage. So particularly in countries like Egypt, you know, it’s like a no brainer, ‘Oh it’s harmful, it shouldn’t be done then’, because [in] Islam, fundamentally, protection of health and life is primary.³²

Fourthly, IRW strategically approaches difficult issues by ‘repackaging’ them in a way that allows easier entry into the community. For example, in Kenya’s *Forum Syd Gender/Environment* project, all gender work is combined with work on the environment. Where communities are highly resistant to conversations around HTPs, this is a pragmatic stance that allows IRW to work on these issues without having the community automatically reject the difficult subject matter.

Finally, IRW’s approach to addressing HTPs emphasises the importance of *facilitating* discussions around HTPs, rather than *teaching* faith leaders and community members.

9. Partnerships

IRW has a long history of partnering with other organisations engaging in humanitarian work, especially faith-based humanitarian organisations. In terms of their work on HTPs and faith leaders, partnerships that assist them in developing this part of their work are considered timely and helpful.

³¹ Magda, June 20, 2017.

³² Mabad, June 22, 2017.

A healthy and helpful partnership identified by both policy-level and project staff from different countries, is IRW's partnership with World Vision around Channels of Hope (CoH).³³

World Vision has developed the CoH methodology specifically for engaging faith leaders on a number of challenging social issues, including gender, child protection, maternal and new-born child health, HIV and AIDS, and ebola. Over the past 20 years, WV has developed and evolved this methodology and has been willing to share it with IRW. As WV's is built around the Christian faith, IRW has the freedom (based on the Memorandum of Understanding [MoU] between WV and IRW) to develop the Islamic version. An official Memorandum of MoU was signed in 2016 on the sharing of CoH for Child Protection (CoH CP), while a MoU for CoH Gender (CoH G) is currently in the process of being signed. IRW's CoH CP has been implemented for the past four years in South Africa, Kenya, Lebanon, Philippines and Bosnia, while the CoH G pilot and facilitators' training happened this year and further roll-out is being planned. In the development of the Islamic versions, IRW sees genuine partnership, due to how WV has freely shared and supported IRW's Islamic development of the material.

10. Challenges and opportunities

Many of the opportunities and challenges in addressing HTPs with faith, faith communities and faith leaders have been identified in the preceding sections. This section will briefly highlight key opportunities and challenges.

Opportunities:

- Islamic law is not set in stone and is subject to interpretation. Furthermore, Islam has a culture of conversation and debate around sacred scripture, and allows for reinterpretation. Religious discourse is an accepted way of convincing someone of your point of view. This makes a religious rebuttal to religious justifications for HTPs a viable intervention strategy.
- Within Islam there are existing practices that offer avenues for HTP intervention. Re-examining the interpretation of the Qur'an and hadiths by qualified female or male scholars is one such avenue. This can be done, for example, by Ijtihad (the process of making a legal decision by independent interpretation of legal sources, the Qur'an and the Sunnah) or qiyas (the deduction of legal prescriptions from the Qur'an or Sunnah by analogic reasoning). Other such opportunities can be specific to a certain context. For example, in Bangladesh the Islamic scholars visit communities during the winter months to teach. This could be an avenue where progressive scholars are welcomed into communities and given opportunity to talk on alternative ways of understanding HTPs.
- Faith leaders are highly influential, authoritative community leaders. Thus they are not only in a position to provide religious justification for ceasing certain activities, but they are inherently 'listened-to' by community members.

Challenges:

- According to IRW, the majority of Muslim communities that practice FGM/C are Sunni. The four main schools of Sunni thought do not have consensus on FGM/C and as it has not been universally forbidden, most scholars are reluctant to revisit the issue.³⁴
- Faith leaders are not automatically good interlocutors. Faith leaders sometimes do not want to oppose HTPs, fearing community backlash. In other settings, not only do they not want to oppose an HTP, but at a national level they actively support certain practices, such as

³³ Please see the case study on World Vision for more information on Channels of Hope.

³⁴ Lethome I. & FitzGibbon, A. 2016. One Cut Too Many – Policy Brief of Female Genital Mutilation. Internal and external policy brief, Islamic Relief Worldwide. <file:///C:/Users/eleroux/Downloads/pol2.pdf> Accessed 31 July 2017.

FGM/C. This is the case, for example, with FGM/C in Indonesia, where the main Muslim clerical body actively supports FGM/C and has opposed governmental attempts to outlaw it.

11. What works?

Based on participants' interviews, as well as a document review, a number of practices can be identified that are key to addressing HTPs and/or working with faith leaders. They include:

- In many settings IRW has found that engaging with the top of the scholarly hierarchy and working down works well.
- Understanding Islamic law is crucial to making religiously-based arguments against HTPs
- When engaging community members on HTPs, working with local faith leaders to debunk religious misconceptions that support HTPs is important, as well as engaging with faith leaders higher up in the institutional hierarchy to support this process if needed.
- Supporting faith leaders that oppose HTPs and model alternative behaviour. It is difficult for them to counter the culture and community in which they themselves were raised and live.
- IRW has found that bringing together survivors of a particular HTP together with the target audience of the HTP intervention (for example faith leaders), works in facilitating a process of reflection on the harmful nature, impact and consequences of the practice. Of course, this only works if the survivor/s are truly willing and able to engage in such a process.
- Being sensitive in terms of the language that one uses when talking about these practices – it has to be locally appropriate.
- Having community members and community leaders identify, or at least assist in identifying, the HTPs that should be addressed.
- Having both men and women on one's intervention team allows one to create appropriately gender-sensitive spaces and activities through-out the intervention process.
- Having interventions that run over a number of years, rather than short workshops or one-year projects.

12. Conclusions

IRW's work illustrates a new, but concerted, effort to address HTPs, specifically EFM and FGM/C. Their policy documentation reveals that they find faith and faith leaders crucial to the process of addressing these HTPs, as these practices are at least partly driven by misunderstanding of Islamic tenets.

While the approach of engaging with faith leaders on HTPs is fairly new, IRW has already learnt crucial lessons through a recent pilot project in Ethiopia, but also through their focus on GBV, both in policy and advocacy campaigns globally. They see theological engagement, combined with a public health component, and a sensitive process that facilitates the development of new ideas and attitudes, as key to their engagement with faith leaders and faith communities on HTPs.